

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTH AT SYCAMORE VILLAGE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 W COUNTY LINE RD S FORT WAYNE, IN 46814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential facility for the conversion of room 120 into a dining room, room 122 into a living room, room 124 into an activity room, and converting rooms 112 and 114 from single to double occupancy was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 06/04/12</p> <p>Facility Number: 011804 Provider Number: 011804 AIM Number: N/A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Environmental Preoccupancy survey, Hearth At Sycamore Village LLC was found in compliance with 410 IAC, 16.2-5-1.5, Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>This facility consists of a three story residential building of Type II (111) construction and a one story Alzheimer building of Type V (111) construction. Both buildings are attached by a common corridor and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in the sleeping rooms. The facility has a total capacity of 147 and a census of 91 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/06/12.</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

ESSC21

If continuation sheet 1 of 1